

## CERTIFICATE OF MAILING (37 CFR 1.10)

"Express Mail" N : EV 292619393 US

Date of Deposit: June 24, 2003

I hereby certify that this transmittal together with the patent application referred to below is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Julie K. Lyons, Legal Assistant

Name of Person Mailing Paper

Signature

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL OF A NON-PROVISIONAL APPLICATION  
Under 37 CFR 1.53(b)(1)

Sir:

Transmitted herewith for filing is the patent application entitled Method of Promoting Smoking Cessation.

- This application is being mailed by Express Mail under 37 CFR 1.10 and the required certificate appears above.
- The Oath or Declaration required under 37 CFR 1.63 is being transmitted with this application.
- The Oath or Declaration required under 37 CFR 1.63 is not being transmitted with this application pursuant to 37 CFR 1.53(f).
- A disk containing nucleotide and/or amino acid sequences in a computer readable format is attached. The contents of the sequence listing in the application is the same as the document on the disk. (37 CFR 1.821(f) and MPEP 2422.06)

The filing fee has been calculated as shown below:

	Total No. of Claims	No. of Claims Without Additional Fee	Excess Claims	\$ Rate	Fee
Total Claims Fee	55	20	35	x 18	630
Independent Claims Fee	2	3		x 84	0
Multiple Dependent Claim	0			x 280	0
Basic Fee					750
Total Filing Fee				\$	1380

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10/602447  
06/24/03



**SPECIFIC DEPOSIT ACCOUNT AUTHORIZATION.** Please charge my Deposit Account No. 21-0718 in the amount of the total filing fee above. Triplicate copies of this sheet are enclosed.

**GENERAL DEPOSIT ACCOUNT AUTHORIZATION.** The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or during the pendency of this application or credit any overpayment to Deposit Account No. 21-0718.

- (1) Any additional filing fees or fees for the presentation of additional claims required under 37 CFR 1.16.
- (2) Any patent application processing fees under 37 CFR 1.17.

**No authorization is given to charge the Issue Fee (37 CFR 1.18).**

**ASSIGNMENT RECORDAL DEPOSIT ACCOUNT AUTHORIZATION.** Please charge my Deposit Account No. 21-0718 in the amount of \$40.00 for recordal for the attached assignment of the invention to Pharmacia & Upjohn Company. A separate cover sheet for assignment accompanying a new patent application is also attached.

This application is being made, or is authorized to be made, by the inventor(s) as set forth on the attached Inventor Information Sheet. The person or persons listed are believed to be the original, first and sole inventor (if only one name is listed on the attached Inventor Information Sheet) or original, first and joint inventor (if plural names are listed on the attached Inventor Information Sheet) of the subject matter which is claimed and for which a patent is sought.

The undersigned hereby requests that all correspondence in connection with this application be directed to

the address associated with Customer Number



or

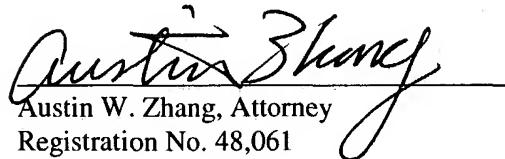
**25533**

PATENT AND TRADEMARK OFFICE

the address below.

All telephone communications should be directed to the undersigned practitioner at the telephone number(s) indicated below.

Respectfully submitted,

  
Austin W. Zhang, Attorney  
Registration No. 48,061

Date: June 12, 2003

Pharmacia & Upjohn Company  
Global Intellectual Property

301 Henrietta Street  
Kalamazoo, Michigan 49001

Telephone No. (269) 833-8813 or (269) 833-9500  
Telefax No. (269) 833-8897 or (269) 833-2316

Enclosures:

Patent Application  
 Declaration (37 CFR 1.63) and Power of Attorney  
 Assignment with Cover Page  
 Disk containing Nucleotide and/or amino Acid Sequence Listing  
 Return Post Card

**APPLICATION DATA SHEET**

**Inventor Information**

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Citizenship: USA

**Representative Information**

Representative Designation:	Registration Number:	Representative Name:
<i>Primary or Associate</i>	<i>No more than 5 digits</i>	<i>No more than 50 characters</i>
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Primary	48324	Mary J. Hosley
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Primary	28567	J. Trevor Lumb